

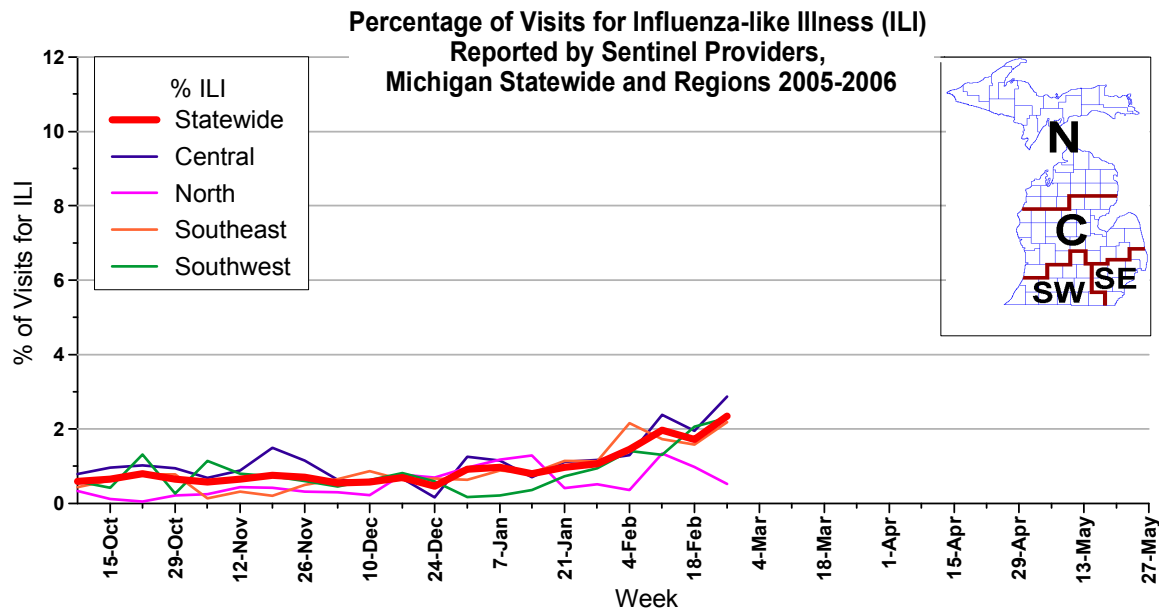
**MIFluFocus**  
**March 3, 2006**  
**Weekly Influenza Surveillance**

**Michigan Disease Surveillance System:** Flu-like illness activity, as reported in MDSS, was relatively unchanged from last week. This level is significantly decreased compared to the same week in February 2005.

**Emergency Department Surveillance:** Emergency department visits due to both constitutional and respiratory complaints remained at the same previously elevated level over the past week. Both indicators behaved similarly, without any large spikes in activity. Compared to the same week last year, the level of emergency department visits due to constitutional complaints is decreased, while that due to respiratory complaints is similar. Over the past week, no statewide alerts were generated for either emergency department indicator.

**Over-the-Counter Product Surveillance:** Sales of all flu-related over-the-counter products are somewhat mixed, although an overall picture of unchanged activity, without further increases, is indicated. Over the past week, antifever medication, adult and pediatric cold relief products, cough/cold product, chest rub, and thermometer sales remained level, while nasal product and electrolyte sales decreased. Sales of all over-the-counter products are at about the same levels compared to last year.

**Sentinel Surveillance (as of March 3, 2006):** During the week ending February 25, 2006, the percentage of visits to Michigan sentinel physicians due to influenza-like illness (ILI) increased slightly to 2.3%. The proportion of visits due to ILI increased in the Central, Southeast, and Southwest regions to 2.9%, 2.2%, and 2.3%, respectively. Visits due to ILI decreased to 0.5% of all visits in the North region.



**Laboratory Surveillance (as of March 3, 2006):** There have been a total of 73 influenza A (H3N2) viruses isolated at the MDCH Laboratories this season. The MDCH lab has also confirmed 2 influenza B cases. Although the majority of lab-confirmed influenza cases continue to be in young adults and children, there have been recent confirmed cases in older adults. Several clinical labs in the lower half of the state show further moderate increases, especially in the Southwest region, in influenza A positives; this trend has continued over the last five weeks. Throughout the rest of the state, influenza activity remains at a slightly elevated level.

**Influenza-Associated Pediatric Mortality (as of March 3, 2006; CDC data as of 3/3/06):** To date, MDCH has investigated one influenza-associated pediatric death in Region 2S. Influenza A (H3N2) was isolated, cause is still under investigation. Nationally, CDC has received reports of 12 influenza-associated pediatric deaths during the current influenza season.

**\*\*Reminder:** The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to [http://www.michigan.gov/documents/fluletter\\_107562\\_7.pdf](http://www.michigan.gov/documents/fluletter_107562_7.pdf) for the complete protocol. It is important to immediately call or fax info to MDCH to ensure that appropriate clinical specimens can be obtained.

**Congregate Setting Outbreaks (as of March 3, 2006):** No confirmed influenza outbreaks in long-term care facilities, correctional facilities, schools, or other institutional settings have been reported to MDCH this season.

**National:** During week 7 (**February 12 – February 18, 2006**), influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Seventeen states and New York City reported widespread influenza activity; 18 states reported regional influenza activity; 10 states reported local influenza activity; 4 states and Puerto Rico reported sporadic influenza activity; and the District of Columbia reported no activity.

**International: (February 13, 2006)** During weeks 2–3 2006, widespread influenza activity was reported in a few states/provinces in Canada, Japan and the United States, while in the rest of the world activity remained low.

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MDCH reported **REGIONAL** activity to the CDC for this past week ending **2/25/2006**

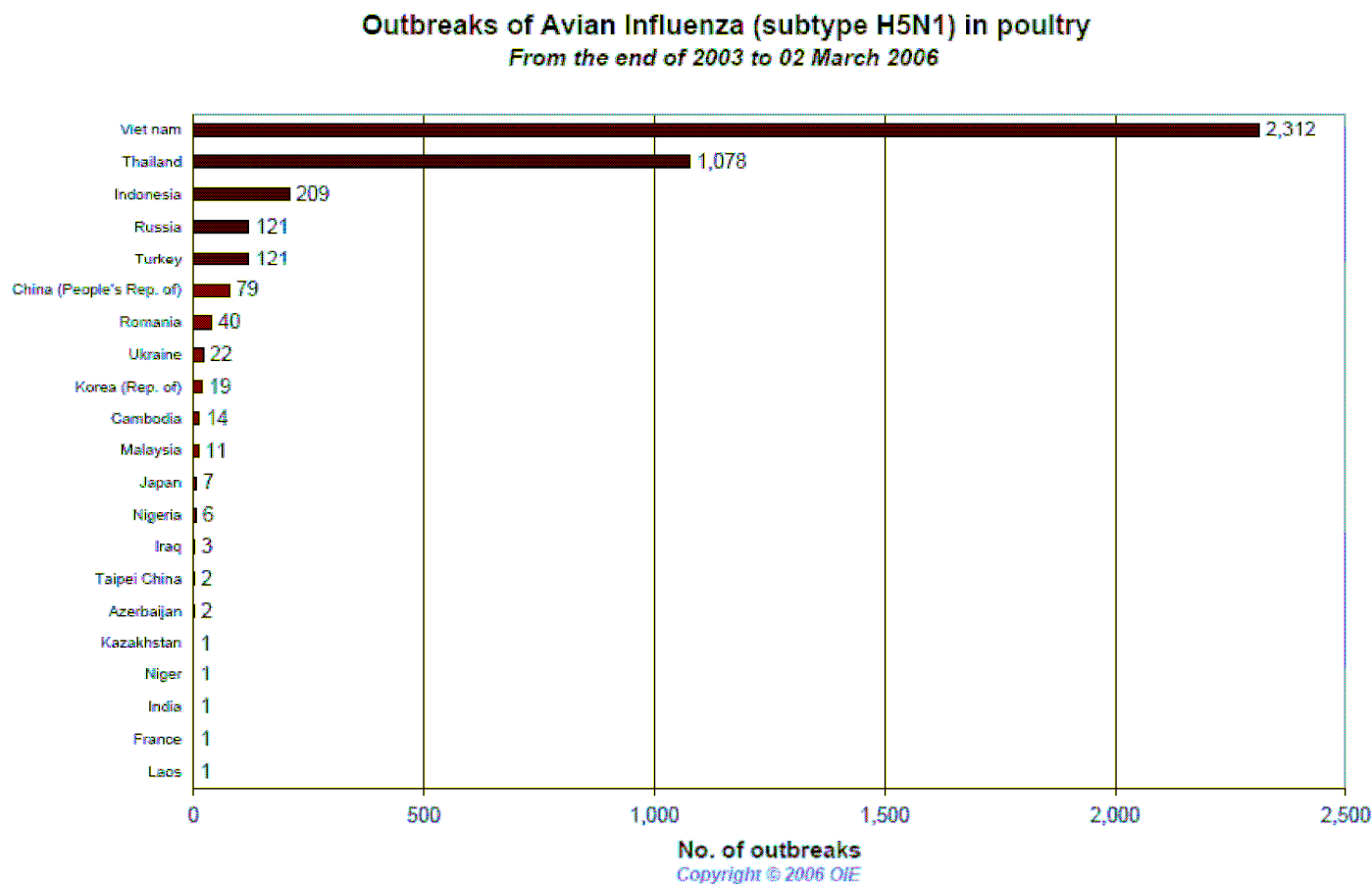
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**End of Seasonal Report**

## Avian Influenza

**WHO Pandemic Phase:** Human infection(s) with a new subtype, but no human-to-human spread.

**PHASE 3**

**Table 1. H5N1 influenza-avian:**



**Table 2. H5N1 influenza-human: (March 1, 2006)** A total of 174 lab-confirmed cases of human H5N1 from 7 countries being reported by WHO.

(Source: Downloaded 3/3/06 [http://www.who.int/csr/disease/avian\\_influenza/country/cases](http://www.who.int/csr/disease/avian_influenza/country/cases))

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	6	3	14	8
Indonesia	0	0	0	0	17	11	10	9	27	20
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	30	18	174	94

